

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09739843

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		①					53						
4		②					54						
5		③					55						
6							56						
7							57						
8							58						
9							59						
10	1						60						
11	1						61						
12		1					62						
13	1						63						
14		4					64						
15	1						65						
16		1					66						
17	1						67						
18		1					68						
19		1					69						
20	1						70						
21	1						71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28	1						78						
29							79						
30							80						
31							81						
32	1						82						
33							83						
34	1						84						
35		1					85						
36		1					86						
37							87						
38	1						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS